

**ADULT ENTERTAINMENT LICENSE APPLICATION
PROCESS FOR NEW APPLICATIONS
CITY OF DALTON, GEORGIA**

1. Applicant Obtains Application Form, Instructions On Its Completion, Instructions On The Application Process And A Copy Of The City Of Dalton Adult Entertainment Code From The Office Of The City Clerk At City Hall, 300 West Waugh Street, Dalton (Georgia).
2. Applicant Completes The Application Form And Has It Signed And Notarized. If Space Is Not Available, Additional Sheets Can Be Obtained From The City Clerk's Office.
3. Applicant Must Also Attach To The Form A Sworn Affidavit And Survey From A Registered Surveyor That Shows The Location Of The Proposed Premises In Relation To The Neighborhood, The Surrounding Zoning, Its Proximity To Any Church, School, Public Park, Governmental Building Or Site, Or Other Business Hereunder Regulated.
4. If Applicant Is Doing Business Under A Trade Name, A Copy Of The Trade Name As Property Recorded Is To Be Attached, If Application Is A Corporation, A Copy Of The Authority To Do Business In Georgia, Including Articles Of Incorporation, Trade Name Affidavit, And The Last Annual Report, If Any.
5. Applicant Is To Attach With Application, A Copy Of His/Her Drivers License Or Birth Certificate.
6. Applicant Is To Attach, (2) Two, 2 X 2 Photos Taken Within The Last (6) Months.
7. If Limited Partnership, Applicant Is To Attach With Application, A Copy Of Certificate Of Limited Partnership File With The Whitfield County Clerk's Office.
8. Applicant Is To Include A Copy Of Lease Or Deed Of Real Property Showing Ownership Where Adult Entertainment Business Is To Be Located.
9. Applicant Returns The Notarized Application Form And All Attachments To The City Clerk's Office In City Hall Located At 300 West Waugh Street, Dalton, Georgia.
10. A Non-Refundable Administrative Fee And Advertisement Fee Of \$150.00 Dollars Must Be Paid At The Time Completed Application Is Filed With The City Clerk's Office. The Fee Covers The Cost Of Processing And Advertisement. The Office Of The City Clerk Will Advertise The Application In The Legal Ads Of The Local Newspaper One Time.
11. Upon Making Application, Applicant Will Need To Set Up An Appointment To Be Fingerprinted. You Can Get Fingerprinted at Probate Court located at 205 N. Selvidge St. Dalton, GA.
12. The City Clerk's Office Will Conduct An Investigation Of The Owner, Applicant And Manager As Called For In The City Code. The Department Will Also Notify The City Building Inspectors Office The City Fire Marshall To Inspect The Location And Premises For Compliance With Applicable Codes.

**ADULT ENTERTAINMENT LICENSE APPLICATION
PROCESS FOR NEW APPLICATIONS
PAGE 2**

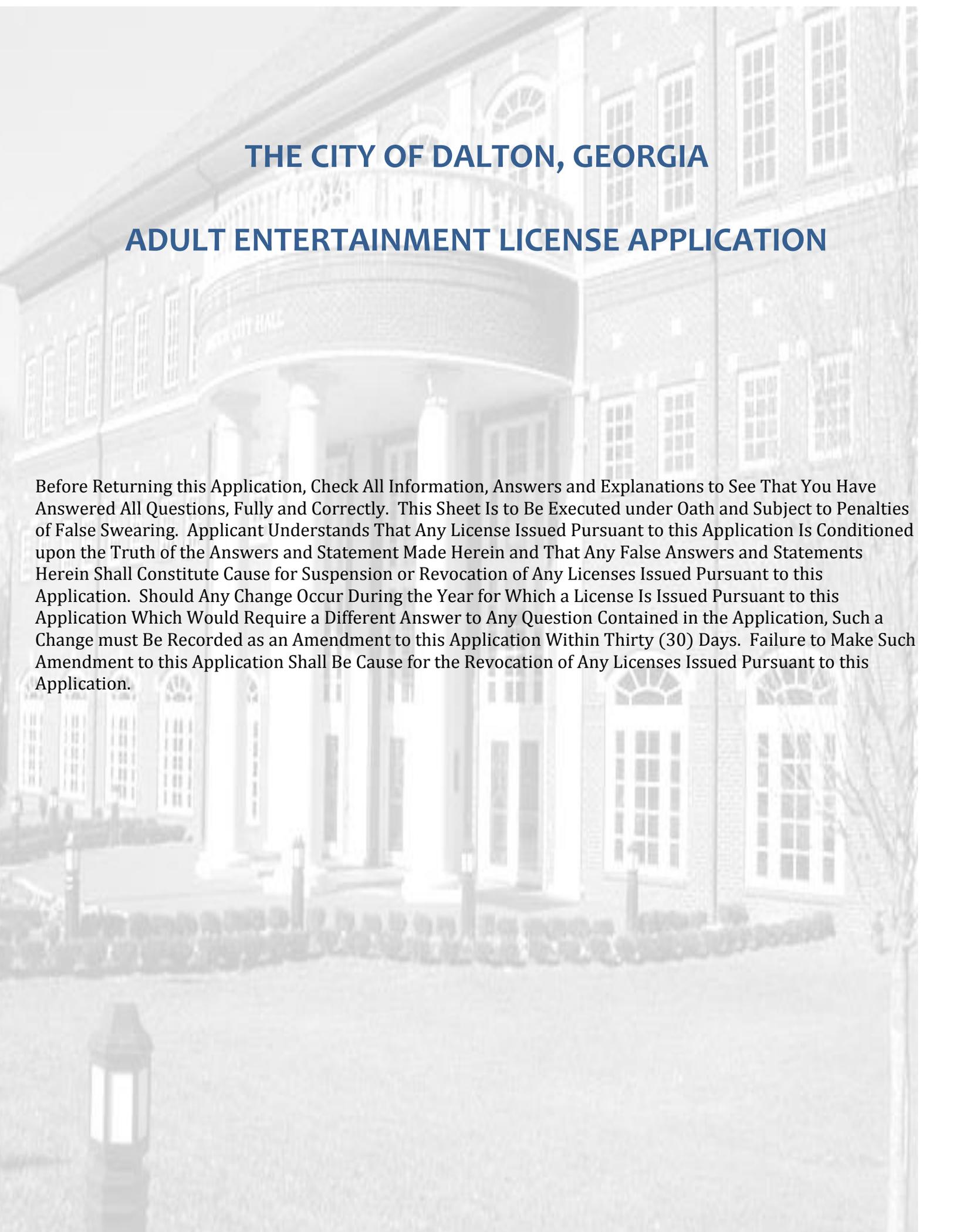
13. The City Shall Have Forty-Five (45) Days To Investigate The Application And The Background Of The Applicant.
14. Once The Investigations And Inspections Have Been Completed, The City Clerk's Office Will Place The Application On The Agenda Of The Next Regular Meeting Of The Mayor And Council (Meets The First And Third Monday's Of Each Month). The Owner, Applicant And Or Manager Will Be Required To Appear At That Meeting, And The City Clerk's Office Will Give Notice In Writing As To The Date, Time And Location Of Said Meeting.
15. The Mayor And Council Will Review The Application At Their Regular Meeting And May At Their Discretion, Interview The Owner, Applicant And Or Manager. They Will Then Either Approve Or Deny The Application.
16. Upon Approval Of The Application By The Mayor And Council, The Applicant, As Early As The Next Business Day, May Pay For The License Fee At The Clerk's Office Located In City Hall And Be Issued A License.
17. All Employees Must Be Approved For Employment And Be Issued An Employee Identification Card Prior To Going To Work. These Cards Can Be Obtained From The Office Of The City Clerk.

ADULT ENTERTAINMENT LICENSE APPLICATION PROCESS FOR CHANGING EXISTING LICENSES

When The Business Moves To A New Location

1. Applicant May Change Locations If The Following Is Completed:
2. Non-Refundable Fee Is Paid In The Amount Of \$150.00.
3. Approval Must Be Obtained From The City Clerk's Office, Building Inspector, And Fire Marshal For Compliance With All Requirements And Regulations As Contained In The Code.
4. Applicant Must Supply An Affidavit And Survey. Sworn Affidavit And Survey Must Be From A Registered Surveyor That Shows The Location Of The Proposed Premises In Relation To The Neighborhood, The Surrounding Zoning, Its Proximity To Any Church, School, Public Park, Governmental Building Or Site, Or Other Business Hereunder Regulated.
5. Applicant Shall Operate, Conduct, Manage, Engage In Or Carry On An Adult Entertainment Establishment Under Any Name Other Than His Name And The Name Of The Business As Specified On His License.

Note : For A More Detailed Description Of The Application Process, See The Enclosed Code Section.



THE CITY OF DALTON, GEORGIA

ADULT ENTERTAINMENT LICENSE APPLICATION

Before Returning this Application, Check All Information, Answers and Explanations to See That You Have Answered All Questions, Fully and Correctly. This Sheet Is to Be Executed under Oath and Subject to Penalties of False Swearing. Applicant Understands That Any License Issued Pursuant to this Application Is Conditioned upon the Truth of the Answers and Statement Made Herein and That Any False Answers and Statements Herein Shall Constitute Cause for Suspension or Revocation of Any Licenses Issued Pursuant to this Application. Should Any Change Occur During the Year for Which a License Is Issued Pursuant to this Application Which Would Require a Different Answer to Any Question Contained in the Application, Such a Change must Be Recorded as an Amendment to this Application Within Thirty (30) Days. Failure to Make Such Amendment to this Application Shall Be Cause for the Revocation of Any Licenses Issued Pursuant to this Application.

ADULT ENTERTAINMENT APPLICATION

Business Name & Address

Name of Business: _____

Trade Name of Business: _____

Address of Premises to be Licensed: _____

City, State & Zip: _____

Business Telephone Number

Please List a Mailing Address if Different From the Above Address

Please Ckeck all applicable category for Adult Business

- | | |
|---|---|
| <input type="checkbox"/> Dancing Establisment | <input type="checkbox"/> Massage Parlor |
| <input type="checkbox"/> Erotic Dance Establishment | <input type="checkbox"/> Motion Picture Theatre |
| <input type="checkbox"/> Lingerie Modeling Studio | <input type="checkbox"/> Motion Picture Arcade |
| <input type="checkbox"/> Video Store | <input type="checkbox"/> Mini-Motion Picture Arcade |
| <input type="checkbox"/> Bookstore | <input type="checkbox"/> Encounter Center |
| <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Rap Establishment |
| <input type="checkbox"/> Escort Bureau | <input type="checkbox"/> Other _____ |

Note: After completion of page 1 of this application, please refer to step 4 of the instruction Sheet. If Incorporated, A copy of the Authority to Do Business In Georgia, Including Articles of Incorporation, Trade name Affidavit, If Any, Last Annual Report if Any should be included. Also, Refer to Step 3, application must attach a sworn affidavit and survey from a registered surveyor.

**Adult Entertainment Application
Owner/Lessor Information**

Owner/Lessor Information For Premises In which Business To Be Conducted. Below are a list of questions concerning the ownership of the location in wich there will be adult entertainment. Please complete the following questions.

(1) Do You own the premises to be license? _____
Yes or No

(2) Do You Rent/Lease the premises to be lisensed? _____
Yes or No

(3) Do You have legal rights to these Premises? _____
Yes or No

(4) If Rented/Leased, below please list the Owner/Lessor of the Premises?

Name

Address

City, State & Zip

Telephone Number of Onwer/Lessor

Note: After Completion of page 2 of this application, please refer to step 8 of the Instruction Sheet. Please attach a copy of the Lease or Deed of Real Property Showing Ownership where adult entertainment license is to be located.

**OWNERSHIP OF BUSINESS
Adult Entertainment Application
Category of Business Ownership**

Below is the list of types of ownerships of a business. Please check the category of Ownership that applies to your business. You should choose only one. After choosing the type of Ownership of your business, please find the corresponding page or pages that matches the number of your choice. Each page will pertain to one the enumerated below.

- (1) ____ Individual/Proprietorship (4) ____ Corporation
(2) ____ Partnership (5) ____ Other _____
(3) ____ Limited Partnership

(1) INDIVIDUAL / PROPIETORSHIP

If you are an Individual / proprietorship type ownership Only, Please complete the following. And skip To page 8

Name: _____

Address: _____

City, State & Zip: _____

Telephone Number: ____ - _____

Date of Birth: ____ - ____ - _____

Driver's License Number: _____

Social Security Number: ____ - ____ - _____

Have you ever been convicted of any crime constituting a felony, or any crime not a felony, Involving moral turpitude in the past five (5) years? _____

Date of Violation? _____

Date of Conviction? _____

Jurisdiction of Violation and/or Conviction? _____

What is the Disposition of the Violation and/or Conviction? _____

What fine or sentence was imposed? _____

Had the disposition Been Fully Completed? _____

**OWNESHIP OF BUSINESS
Adult Entertainment Application
Category of Business Ownership – Partnership Only**

(2) Partnership

If Partnership is the type Ownership of Your business please complete the following, listing each partners of the business. If there are more than (2) Partners of the business, please use the Additional Partnership page included with this packet. If one or more partners are a corporation along with an individual, complete this page for the individual and complete the corporation page for the corporation. After completion skip to page 8.

Name of Partner: _____

Address: _____

City, State & Zip: _____

Date of Birth: _____

Driver's License Number: _____

Social Security Number: _____

Have you ever been convicted of any crime constituting a felony, or any crime not a felony, Involving moral turpitude in the past five (5) years? _____

Date of Violation? _____

Date of Conviction? _____

Jurisdiction of Violation and/or Conviction? _____

What is the Disposition of the Violation and/or Conviction? _____

What Fine or Sentence was imposed? _____

Had the Disposition Been Fully Completed? _____

(2) PARTNERSHIP

Name of Partner: _____

Address: _____

City, State & Zip: _____

Date of Birth: _____

Driver's License Number: _____

Social Security Number: _____

Have you ever been convicted of any crime constituting a felony, or any crime not a felony, Involving moral turpitude in the past five (5) years? _____

Date of Violation? _____

Date of Conviction? _____

Jurisdiction of Violation and/or Conviction? _____

What is the Disposition of the Violation and/or Conviction? _____

What fine or sentence was imposed? _____

Had the disposition Been Fully Completed? _____

OWNESHIP OF BUSINESS
Adult Entertainment Application
Category of Business Ownership – Partnership
Additional Partnership page

This page should only be completed if there are more than (2) two Partners involved with the business. If only (2) two, please do not repeat information on page 4.

(2) Partnership

Name of Partner: _____
Address: _____
City, State & Zip: _____
Date of Birth: _____
Driver's License Number: _____
Social Security Number: _____

Have you ever been convicted of any crime constituting a felony, or any crime not a felony, Involving moral turpitude in the past five (5) years? _____

Date of Violation? _____
Date of Conviction? _____
Jurisdiction of Violation and/or Conviction? _____
What is the Disposition of the Violation and/or Conviction? _____
What Fine or Sentence was imposed? _____
Had the Disposition Been Fully Completed? _____

(2) PARTNERSHIP

Name of Partner: _____
Address: _____
City, State & Zip: _____
Date of Birth: _____
Driver's License Number: _____
Social Security Number: _____

Have you ever been convicted of any crime constituting a felony, or any crime not a felony, Involving moral turpitude in the past five (5) years? _____

Date of Violation? _____
Date of Conviction? _____
Jurisdiction of Violation and/or Conviction? _____
What is the Disposition of the Violation and/or Conviction? _____
What fine or sentence was imposed? _____
Had the disposition Been Fully Completed? _____

**OWNESHIP OF BUSINESS
Adult Entertainment Application
Category of Business Ownership – Limited Partnership**

(3) LIMITED PARTNERSHIP

If Limited Partnership is the type Ownership of Your business please complete the following, listing each limited partner of the business. If there are more than (2) Limited Partners of the business, please use the Additional Limited Partnership page included with this packet. If one or more of the partners are a corporation, complete this page for the individual and complete the corporation page for the corporation. See Step 4. Attach a copy of Certificate of Limited Partnership filed with the county Clerk's Office. After completion skip to page 8.

Name of Partner: _____

Address: _____

City, State & Zip: _____

Date of Birth: _____

Driver's License Number: _____

Social Security Number: _____

Have you ever been convicted of any crime constituting a felony, or any crime not a felony, Involving moral turpitude in the past five (5) years? _____

Date of Violation? _____

Date of Conviction? _____

Jurisdiction of Violation and/or Conviction? _____

What is the Disposition of the Violation and/or Conviction? _____

What Fine or Sentence was imposed? _____

Had the Disposition Been Fully Completed? _____

(3) LIMITED PARTNERSHIP

Name of Partner: _____

Address: _____

City, State & Zip: _____

Date of Birth: _____

Driver's License Number: _____

Social Security Number: _____

Have you ever been convicted of any crime constituting a felony, or any crime not a felony, Involving moral turpitude in the past five (5) years? _____

Date of Violation? _____

Date of Conviction? _____

Jurisdiction of Violation and/or Conviction? _____

What is the Disposition of the Violation and/or Conviction? _____

What fine or sentence was imposed? _____

Had the disposition Been Fully Completed? _____

**OWNESHIP OF BUSINESS
Adult Entertainment Application
Category of Business Ownership – Partnership
Additional Limited Partnership page**

This page should only be completed if there are more than (2) two limited partners involved with the business. If only (2) two, please do not repeat information on page 5.

(3) Limited Partnership

Name of Partner: _____
Address: _____
City, State & Zip: _____
Date of Birth: _____
Driver's License Number: _____
Social Security Number: _____

Have you ever been convicted of any crime constituting a felony, or any crime not a felony, Involving moral turpitude in the past five (5) years? _____

Date of Violation? _____
Date of Conviction? _____
Jurisdiction of Violation and/or Conviction? _____
What is the Disposition of the Violation and/or Conviction? _____
What Fine or Sentence was imposed? _____
Had the Disposition Been Fully Completed? _____

(3) LIMITED PARTNERSHIP

Name of Partner: _____
Address: _____
City, State & Zip: _____
Date of Birth: _____
Driver's License Number: _____
Social Security Number: _____

Have you ever been convicted of any crime constituting a felony, or any crime not a felony, Involving moral turpitude in the past five (5) years? _____

Date of Violation? _____
Date of Conviction? _____
Jurisdiction of Violation and/or Conviction? _____
What is the Disposition of the Violation and/or Conviction? _____
What fine or sentence was imposed? _____
Had the disposition Been Fully Completed? _____

**OWNESHIP OF BUSINESS
Adult Entertainment Application
Category of Business Ownership – Corporation**

(4) CORPORATION

If the type Ownership of Your business is a corporation, please complete the following. Please list the name of the corporation as it is shown in its articles of incorporation or charter. List each of its current officers and directors, and each stockholder holding more than (5) five percent or more of the stock in the corporation. If additional space is needed, please use the additional Corporation page included with this packet. See Step 4. Attach a copy of the Authority to do business in Georgia, including Articles of Incorporation, Trade Name Affidavit, if any, Last annual report, if any. After completion skip to page 8.

Corporation Name: _____
Address of Corporation: _____
City, State & Zip: _____
Date of Incorporation: _____
Place of Incorporation: _____

List current officers, Directors and all Stockholders Holding More than (5) five percent or more of the stock in the corporation.

<u>Name/Position</u>	<u>Address</u>	<u>City & State</u>	<u>Social Security #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List Designated Officer or General Partner to Act as Responsible Managing Officer

Name: _____
Address: _____
City, State & Zip: _____
Date of Birth: _____
Driver's License Number: _____
Social Security Number: _____

Have you ever been convicted of any crime constituting a felony, or any crime not a felony, Involving moral turpitude in the past five (5) years? _____

Date of Violation? _____
Date of Conviction? _____
Jurisdiction of Violation and/or Conviction? _____
What is the Disposition of the Violation and/or Conviction? _____
What fine or sentence was imposed? _____
Had the disposition Been Fully Completed? _____

**OWNESHIP OF BUSINESS
Adult Entertainment Application
Category of Business Ownership – Corporation**

(5) OTHER – (Example – Organization or Association)

If the type Ownership of Your business is an Organization or Association etc., please complete the following. Please list each of its current officers and directors, and each stockholder holding more than (5) five percent or more of the stock in the Organization or Association etc. If additional space is needed, please use the additional "Other" page included with this packet. If Organization/ Association is Incorporated please see Step 4.

Organization/Association Name: _____

Address: _____

City, State & Zip: _____

Is this Organization/Association Incorporated? _____

Date of Incorporation: _____

Place of Incorporation: _____

List current officers, Directors and all Stockholders Holding More than (5) five percent or more of the stock in the corporation.

<u>Name/Position</u>	<u>Address</u>	<u>City & State</u>	<u>Social Security #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List Designated Officer or General Partner to Act as Responsible Managing Officer

Name: _____

Address: _____

City, State & Zip: _____

Date of Birth: _____

Driver's License Number: _____

Social Security Number: _____

Have you ever been convicted of any crime constituting a felony, or any crime not a felony, Involving moral turpitude in the past five (5) years? _____

Date of Violation? _____

Date of Conviction? _____

Jurisdiction of Violation and/or Conviction? _____

What is the Disposition of the Violation and/or Conviction? _____

What fine or sentence was imposed? _____

Had the disposition Been Fully Completed? _____

**APPLICANT OF BUSINESS
Adult Entertainment Application
Personal Information & Previous (5) Five Years Addresses**

Full True Name: _____

Alias Name: _____

Present Address: _____

City, State & Zip: _____

Personal Information

Date of Birth: _____

Driver's License Number: _____

Social Security Number: _____

Place of Birth: _____
City & County

Age: _____

Height _____ Weigh _____ Eye Color _____ Hair Color _____

Previous Address for the Past (5) Five Years

<u>To - From</u>	<u>Address</u>	<u>City, State, Zip</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: After Completion of this page, Please refer to Step 5 of the instruction Sheet. Applicant must attach a copy of his/her drivers license or Birth Certificate. Please See Step 6. Applicant must attach (2) two 2x2 photos taken within the last (6) six months.

**APPLICANT OF BUSINESS
Adult Entertainment Application
Character References & Employment History**

Character References

Please list (3) three Character References who are in no way related to the application, officers or directors of the corporation, individual shareholders, and who are not or will not benefit financially in any way from the application if the license is granted and who have not been convicted of any felony or a Municipal-Code violation involving moral turpitude in the past five (5) years

<u>Name</u>	<u>Address</u>	<u>City, State & Zip</u>	<u>Telephone#</u>
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(1) _____

(2) _____

(3) _____

Employment History

Please list the Employment History from the past (5) Five Years Immediately preceding the filing of this application.

<u>Company Name</u>	<u>Address</u>	<u>City, State, Zip</u>	<u>Telephone#</u>
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(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

(6) _____

(7) _____

(8) _____

BUSINESS LICENSE HISTORY
Adult Entertainment Application

(1) Have you ever had a business license before? _____

A. How Many? _____

B. If Yes, For what type of Business? _____
For what type of Business? _____
In what City and State? _____
In what City and State? _____

(2) Have you ever had an Adult Entertainment License or similar type of license before? _____

A. If Yes, List the Name of Business? _____
Type of Business? _____
Address of Business ? _____
City and State? _____

(3) Have you ever had this/these license revoked or suspended? _____

A. If yes, When? _____ Where? _____

B. Reason for Revocation or Suspension? _____

(4) What was the business activity or occupation subsequent to such action or revocation or suspension?

(5) Have you ever been convicted of any crime including ordinance violations, constitution of a felony or a crime not a felony, involving moral turpitude in the past five (5) years exclusive of traffic violations?

A. If yes, Description of crime _____
Date of Conviction/Violation _____
Place of Conviction/Violation _____
Disposition of Conviction/Violation _____
(Fine or Sentence Imposed)
Have Terms of Disposition been fully completed? _____

(6) Have you ever been denied an Adult Entertainment Permit/License or similar license/permit for cause by this city or any other city located in or out of this state prior to the date of application? ____

A. If yes, When? _____ Where? _____ Why? _____

(7) Have you knowingly allowed or permitted any employees, agent, partner, director, officer, stockholder or manager of prior company, any of the specified sexual activities as defined herein to be committed or allowed in or upon the premises where such adult entertainment establishment is to be located, or to be used as place in which solicitation for the specified sexual activities as defined herein openly occur? _____ A. If yes, When?
_____ Where? _____ Why? _____

**SURVEYOR'S AFFIDAVIT
Adult Entertainment Application**

The Undersigned Has Made the Measurement of Distances Shown on the Attached Survey Plat for the Facility Proposed for Adult Entertainment License from the City of Dalton and Finds That the Distance Shall Be by Airline Measurement from Property Line, Using the Closest Property Lines of the Parcels of Land Involved. Their Term "Parcel of Land" Means Any Quantity of Land Capable of Being Described by Location and Boundary, Designated and Used or to be Used as a Unit. The Distance Shall not be less than 600 Feet of Any Parcel of Land Which is Either Zoned or Used for Residential Purposes, Within 600 Feet of any Parcel of Land upon Which a Church, School, Government Building, Library, Civic Center, Public Park, Playground Is Located, Within 600 Feet of Any Parcel of Land upon Which Another Establishment Regulated or Defined Hereunder Is Located, Within 600 Feet of Any Parcel of Land upon Which Any Establishment Selling Alcoholic Beverages Is Located, on a Tract of Land Containing less than 100 Feet of Road Frontage.

Registered Surveyor

Sworn to and Subscribed Before
Me this ____ day of _____, 20__.

Notary Public
My Commission Expires: _____

**EMPLOYEES
OF
ADULT ENTERTAINMENT ESTABLISHMENT**

Please List All Employees

EMPLOYEE INFORMATION

Employee Name _____

Home Address _____

City/State/Zip _____

Phone _____

EMPLOYEE INFORMATION

Employee Name _____

Home Address _____

City/State/Zip _____

Phone _____

EMPLOYEE INFORMATION

Employee Name _____

Home Address _____

City/State/Zip _____

Phone _____

CONSENT FORM
CITY OF DALTON, GEORGIA
ADULT ENTERTAINMENT LICENSE APPLICATION

I HEREBY AUTHORIZE THE CITY OF DALTON, AND ITS DEPARTMENTS AND COMMISSIONS TO RECEIVE AND REVIEW ANY CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME, WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN GEORGIA. THIS AUTHORIZATION SHALL BE CONTINUING UNTIL REVOKED IN WRITING BY ME.

Check the appropriate Box:

- INDIVIDUAL OWNER
 PRINCIPAL STOCKHOLDER/MEMBER
 MANAGER
 PARTNER
 Employee

FULL NAME PRINTED
ADDRESS
CITY, STATE & ZIP
MAIDEN NAME OR PREVIOUSLY USED NAMES

SEX	RACE	DATE OF BIRTH	SOCIAL SECURITY #

 SIGNATURE

 DATE

NOTARY _____ DATE _____

⇒ NOTE
 APPLICANT, INDIVIDUAL OWNER, ALL PARTNERS, PRINCIPAL STOCKHOLDER/MEMBER, MANAGERS AND ALL EMPLOYEES MUST COMPLETE THIS FORM.

**AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT
APPLICATION**

CITY OF DALTON, GEORGIA

THIS PAGE MUST BE NOTARIZED

Business Name

By Executing This Affidavit Under Oath, As An Applicant For A City Of Dalton, Georgia Business License Or Occupation Tax Certificate, Alcohol License, Taxi Permit Or Other Public Benefit As Referenced In O.C.G.A. Section 50-36-1, I Am Stating The Following With Respect To My Application For A City Of Dalton, Business License Or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit Or Other Public Benefit (Circle One) For

[Name Of Natural Person Applying On Behalf Of Individual, Business, Corporation, Partnership, Or Other Private Entity]

1) ___ I Am A United States Citizen

Or

2) ___ I Am A Legal Permanent Resident 18 Years Of Age Or Older Or I Am An Otherwise Qualified Alien Or Non-Immigrant Under The Federal Immigration And Nationality Act 18 Years Of Age Or Older And Lawfully Present In The United States.*

The secure and verifiable document provided with this affidavit can best be classified as:

In Making The Above Representation Under Oath, I Understand That Any Person Who Knowingly And Willfully Makes A False, Fictitious, Or Fraudulent Statement Or Representation In An Affidavit Shall Be Guilty Of A Violation Of Code Section 16-10-20 Of The Official Code Of Georgia.

Signature Of Applicant

Date

Printed Name

*Alien Registration Number For Non-Citizens

SUBSCRIBED AND SWORN

BEFORE ME ON THIS THE

____ DAY OF _____, 20____

Date of Birth

Notary Public

My Commission Expires: _____

*Note: O.C.G. A. § 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S. C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below: _____

PRIVATE EMPLOYER AFFIDAVIT PURSUANT TO O.C.G.A § 36-60-6(d)

CITY OF DALTON, GEORGIA

MUST BE NOTARIZED

Please Check One:

By executing this affidavit, the undersigned private employer verifies its **compliance** with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation has **registered with and utilizes the federal work authorization program commonly known as E-Verify**, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number
(E-Verify Company ID Number)

Date of Authorization

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

By executing this affidavit, the undersigned private employer verifies that it is **exempt** from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation **employs ten (10) or less employees and is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify**, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6.

Signature of Exempt Private Employer

Printed Name of Exempt Private Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, ____, 201__ in _____(city), _____(state).

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 201__.

NOTARY PUBLIC

My Commission Expires:
